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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/145,167	09/01/1998	IRENE HU FERNANDEZ	FERN-P004	5652
22877 7590 12/27/2006 FERNANDEZ & ASSOCIATES LLP 1047 EL CAMINO REAL SUITE 201 MENLO PARK, CA 94025			EXAMINER	
			WU, RUTAO	
			ART UNIT	PAPER NUMBER
			3628	

SHORTENED STATUTORY PERIOD OF RESPONSE	MAIL DATE	DELIVERY MODE
3 MONTHS	12/27/2006	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

If NO period for reply is specified above, the maximum statutory period will apply and will expire 6 MONTHS from the mailing date of this communication.

Office Action Summary	Application No.	Applicant(s)	
	09/145,167	FERNANDEZ ET AL.	
	Examiner Rob Wu	Art Unit 3628	

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --
Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

- 1) Responsive to communication(s) filed on 10 October 2006.
 2a) This action is **FINAL**. 2b) This action is non-final.
 3) Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

- 4) Claim(s) 21-26 is/are pending in the application.
 4a) Of the above claim(s) _____ is/are withdrawn from consideration.
 5) Claim(s) _____ is/are allowed.
 6) Claim(s) 21-26 is/are rejected.
 7) Claim(s) _____ is/are objected to.
 8) Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

- 9) The specification is objected to by the Examiner.
 10) The drawing(s) filed on _____ is/are: a) accepted or b) objected to by the Examiner.
 Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).
 Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).
 11) The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

- 12) Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
 a) All b) Some * c) None of:
 1. Certified copies of the priority documents have been received.
 2. Certified copies of the priority documents have been received in Application No. _____.
 3. Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

- | | |
|--|---|
| 1) <input checked="" type="checkbox"/> Notice of References Cited (PTO-892) | 4) <input type="checkbox"/> Interview Summary (PTO-413) |
| 2) <input type="checkbox"/> Notice of Draftsperson's Patent Drawing Review (PTO-948) | Paper No(s)/Mail Date. _____ |
| 3) <input type="checkbox"/> Information Disclosure Statement(s) (PTO/SB/08) | 5) <input type="checkbox"/> Notice of Informal Patent Application |
| Paper No(s)/Mail Date _____ | 6) <input type="checkbox"/> Other: _____ |

DETAILED ACTION

Status of Claims

1. In response filed October 10, 2006, the applicant amended claims 21 and 24. No claims have been cancelled and no new claims have been introduced. Claims 21-26 are pending in the current application.

Response to Arguments

2. Applicant's arguments filed October 10, 2006 have been fully considered but they are not persuasive.

With regards to applicants' argument that Ballantyne et al (U.S. Pat No. 5,867,821) does not disclose or suggest a transducer for measuring or monitoring organic material of the patient. The Examiner respectively disagrees. Ballantyne et al disclose the Patient Care Station (PCS) is capable of interfacing with specific external health care monitoring equipment to register and track certain care monitoring equipment to register and track certain patient characteristics as temperature, pulse rate, etc. (col 11: lines 18-20) Then the Examiner brought in Peifer et al (U.S. Pat No. 5,987,519), which also disclose a Patient Monitoring Station (PMS) that is similar to Ballantyne et al's PCS in that both PCS and PMS are connected to a network to provide patients with monitoring and entertainment services. Peifer et al specifically states that medical devices can be connected to the PMS for monitoring services, devices include blood pressure devices, thermometers, pulse oximetry devices, electrocardiograms

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(EKGs), scales and stethoscopes. Therefore, even if the applicants does not agree that temperature or pulse rate as monitored by Ballantyne et al's PCS does not qualify as organic material of a patient, then certainly it would have been obvious for Ballantyne et al to connect medical devices disclosed by Peifer et al to monitor organic material of a patient as at least blood pressure or EKGs measure organic material of a patient. As to Applicants' argument that neither Ballantyne et al or Peifer et al does not use the word transducer, the Examiner must note that the definition of a transducer is simply any device that receives a signal in the form of one type of energy and converts it to a signal in another form, therefore devices that measure pulse rate or blood pressure or EKG etc are considered transducers.

With regards to the applicants' argument that Peifer et al does not disclose or teach any patient diagnosis that is adapted to personal biological signal measurement or monitoring. The Examiner respectfully disagrees. Peifer et al disclose that monitoring data is processed at the central monitoring station to determine which patient caused the information to be sent, the type of diagnostic measurement comprised in the information, and the diagnostic measurement represented by the information. (col 3: lines 63-65) Certainly it is obvious that the diagnosis is based on personal biological signal measurement or monitoring information send from the monitoring medical devices. The Examiner does not understand how a patient can be diagnosed without basing the diagnosis on a patient's personal biological signal.

With regards to the applicants' argument that Hill does not disclose or suggest promotion video stream, the argument is moot. Hill is introduced to show that a GPS

communication system can be combined with Peifer et al and Ballantyne et al and Alexander et al (U.S. Pat No. 6,177,931) as the promotion video stream is sent by Alexander et al's invention.

With regards to applicants' argument that the Examiner improperly rejected the applicants' invention using non-analogous art and that one of ordinary skill at the time of filing applicants' invention would not have had the motivation to combine systems disclosed by Alexander et al, Hill and Ballantyne et al. The Examiner respectfully disagrees,

a. it has been held that a prior art reference must either be in the field of applicant's endeavor or, if not, then be reasonably pertinent to the particular problem with which the applicant was concerned, in order to be relied upon as a basis for rejection of the claimed invention. See *In re Oetiker*, 977 F.2d 1443, 24 USPQ2d 1443 (Fed. Cir. 1992).

b. obviousness can only be established by combining or modifying the teachings of the prior art to produce the claimed invention where there is some teaching, suggestion, or motivation to do so found either in the references themselves or in the knowledge generally available to one of ordinary skill in the art. See *In re Fine*, 837 F.2d 1071, 5 USPQ2d 1596 (Fed. Cir. 1988) and *In re Jones*, 958 F.2d 347, 21 USPQ2d 1941 (Fed. Cir. 1992).

In this case, Ballantyne et al disclose a medical system involving PCS that is connected to plurality of networks where the normal CATV signals are received by the PCS through the CATV tuner/converter (col 10: lines 30-31) and a complementary RF

tuner/converter exists for the Video On Demand (VOD) requests (col 10: lines 42-43) and from Fig 5 it can be seen that a regular coaxial network is provided for the connection to the PCS to serve CATV and VOD. Ballantyne et al also disclose that if the service is simple analog cable programming supplied by the local cable companies it is assigned a dedicated channel as it would appear in local TV guides. (col 5: lines 28-30) Peifer et al disclose a similar Patient Monitoring Station that is also connected to Community Access Television (CATV) network. (page 3: lines 46-47) Therefore, it would have been obvious at the time of the invention to use a standard setup box as disclosed by Alexander et al and receive promotion video from said setup box since both operate on the standard TV network.

Ballantyne et al also disclose that the patient can be tracked through the unique address ID of the bedside PCS and the uniqueness of the patient's health card. Therefore the system always knows the exact location of each patient at all times even if the patient is moved. (col 11: lines 2-7) This provides sufficient motivation to one skill in the arts to employ a GPS communication system, for example as disclosed by Hill, to locate the whereabouts of a patient to ensure continuous monitoring.

In response to applicant's arguments against the references individually, one cannot show nonobviousness by attacking references individually where the rejections are based on combinations of references. See *In re Keller*, 642 F.2d 413, 208 USPQ 871 (CCPA 1981); *In re Merck & Co.*, 800 F.2d 1091, 231 USPQ 375 (Fed. Cir. 1986).

Claim Rejections - 35 USC § 103

3. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

4. Claims 21, 24, 22, 25 are rejected under 35 U.S.C. 103(a) as being unpatentable over Alexander et al (US 6,177,931), in view of Ballantyne et al (US 5,867,821) and further in view of Peifer et al (US 5,987,519).

As per claim 21, Alexander et al discloses:

an interface for receiving a video stream from the network, (Col. 8, line 66-Co1.9, line 1, viewing user's video interface, in this case the video stream is being received by the television in order for the viewer to view visual data on the television through the viewer's interface);

a controller for causing the video stream to be stored in a digital video recorder, such stored video being accessible for play-back using a software search agent, (Col. 12, lines 11-21, EPG records on recordable digital video discs in this case, the digital video recorder [DVR] can only record its data on digital video media such as digital video discs [DVDs], also shows that when viewer is ready to view the DVD recording, the viewer can select to view through the EPG); and

a sensor for generating a real-time signal for transmission via the network interface, (Col. 32, lines 51-54, shows the transmission of a television signal in real time

along with the message or advertisement, in this case, the sensor is inherent with Alexander et al since in television, specific types of sensors are needed to produce television signals); the real-time signal enabling such set-top apparatus to be classified in a promotional group for targeted messaging, whereby a promotion video stream is directed to the set-top apparatus adaptively in response to the real-time signal, (col. 31 lines 9-14, shows profile program (which collects user profile data) uses autosurfing that can be performed during real-time advertising telecasts, therefore, when the advertising is telecast, these advertisement signals are transmitted to the television for the viewer to be profiled, w/col. 29, lines 22-30, shows more support for viewer profile data to be represented on a real-time basis, w/col. Col. 35, lines 48-50 and lines 53-54, shows collecting viewer profile data and selecting an advertisement is based on the viewer profile data, which represents targeted advertisement, and displaying the selected advertisement on the television screen).

Alexander et al fails to disclose the following, but does disclose a television program interactive program that allows a user to access product information.

However, Ballantyne et al discloses:

the received video stream comprising a biomedical expertise message for clinical diagnosis that is contextually mapped to a patient group by comparing automatically with an associated value stored in a database a patient diagnosis sensed using the sensor comprising a micromachined transducer coupled to a diagnosed patient, the biomedical expertise message being scheduled for viewing by one or more patient belonging to the patient group, the patient or promotional group determined

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automatically by software for group analysis overlay that monitors patient sensor or sensor interface to process patient attribute in either group by comparing patient attribute with associated attribute stored In the database (col 9: lines 57-59; col 11: lines 18-20; Abstract, lines 1-16, shows that a patients/medical personnel can interact with the medical information (in this case, the specification of "biomedical" as a type of claim amounts to the recitation of non-functional data; the type of claim has no bearing on the invention as claimed, and thus carries no patentable weight, therefore, the examiner interprets the medical information as biomedical information) network via television set or video monitor, w/col. 9, lines 32-37, shows that the patient is allowed to access clinical data, w/Col. 10, lines 10-20, shows classification of users, also shows that patient record information can be retrieved and made available for viewing at the bedside through the PCS by physician so he can view the patient's symptoms, and enter in observations accordingly, w/col. 18, lines 32-36, shows that the electronic PCS are located at each patient's bedside and allows the patient to communicate with the nursing station server system, (therefore, patient has access to information at the PCS), w/Co1.15, lines 35-39, shows that personal messages are routed to the appropriate medical staff concerning electronic medical records from a master library of updated records, by way of unique one to one relationships established between the users pen and the PDA each time the PDA is loaded into its docking slot located at a nursing station, its software clock is synchronized with the clock of the master library [represents the value stored in a database], w/col. 11, lines 12-27, shows health record information is accessed from the master library and modified with up-to-date medical diagnostic

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data by means of the PDA; here, the PCS interfaces with the PDA to register and track patient characteristics and transmits the results back to the master library, which is updated with medical diagnostic data, in this case, the PCS serves as the transducer since it facilitates the out-sourcing of health care, and the patient therefore has access to the diagnosis data since this data is stored in the master library and can be retrieved through the PCS). Ballantyne et al discloses this limitation in an analogous art for the purpose of showing that patient diagnosis data can be accessed in an electronic patient care station environment.

It would have been obvious to one of ordinary skill in the art at the time of the applicant's invention to incorporate biomedical expertise message for clinical diagnosis into an interactive digital television set-top apparatus with the motivation of allowing targeted messaging in a biomedical environment.

Ballantyne et al disclose that the PCS is capable of interfacing with specific external health care monitoring equipment to register and track certain patient characteristic as temperature, pulse rate, etc. (col 11: lines 18-20) Alexander combined with Ballantyne et al does not expressly disclose that the sensor is for measuring or monitoring an organic material of the patient coupled to the sensor transducer that senses the organic material, such that the sensor transducer generates therefrom the personal biological sensor signal for enabling such patient to be diagnosed via the biomedical expertise message that is adapted to the personal biological sensor signal measurement or monitoring of the organic material as generated by the sensor transducer.

However, Peifer et al disclose that medical devices within the system can include blood pressure devices, thermometers, pulse oximetry devices, electrocardiograms (EKGs)... (col 6: lines 37-40) and the central monitoring station can then process the information to determine which patient caused the information to be sent, the type of diagnostic measurement comprised in the information, and the diagnostic measurement represented by the information. (col 3: lines 62-65)

Therefore, it would have been obvious to one having ordinary skill in the art at the time the invention was made to modify Alexander combined with Ballantyne et al to include monitoring a patient's organic material and using that information to cause a diagnoses of the patient. Alexander and Ballantyne et al would be motivated to combine to be able to better care for the patients and respond to patient's changing medical conditions as monitored by the medical devices.

As per claim 24, Alexander et al discloses:

receiving a video stream from via a network interface, (Col. 8, line 66-Co1.9, line 1, viewing user's video interface, in this case the video stream is being received by the television in order for the viewer to view visual data on the television through the viewer's interface);

storing the video stream in a digital video recorder for play-back, such stored video being accessible using a software search agent, (Col. 12, lines 11-21, EPG records on recordable digital video discs in this case, the digital video recorder [DVR] can only record its data on digital video media such as digital video discs [DVDs], also

shows that when viewer is ready to view the DVD recording, the viewer can select to view through the EPG); and

generating a sensor signal for transmission via the network interface, the signal enabling set-top classification in a promotional group for targeted messaging, whereby a promotion video stream is directed adaptively in response to the signal, (Col. 32, lines 51-54, shows the transmission of a television signal in real time along with the message or advertisement, in this case, the sensor is inherent with Alexander et al since in television, specific types of sensors are needed to produce television signals, w/col. 31 lines 9-14, shows profile program (which collects user profile data) uses autosurfing that can be performed during real-time advertising telecasts, therefore, when the advertising is telecast, these advertisement signals are transmitted to the television for the viewer to be profiled, w/col. 29, lines 22-30, shows more support for viewer profile data to be represented on a real-time basis, w/col. Col. 35, lines 48-50 and lines 53-54, shows collecting viewer profile data and selecting an advertisement is based on the viewer profile data, which represents targeted advertisement, and displaying the selected advertisement on the television screen);

Alexander et al fails to disclose the following, but does disclose a television program interactive program that allows a user to access product information.

However, Ballantyne et al discloses:

the received video stream comprising a biomedical expertise message for clinical diagnosis that is contextually mapped to a patient group by comparing automatically with an associated value stored in a database a patient diagnosis sensed using the

sensor comprising a micromachined transducer coupled to a diagnosed patient, the biomedical expertise message being scheduled for viewing by one or more patient belonging to the patient group, the patient or promotional group determined automatically by software for group analysis overlay that monitors patient sensor or sensor interface to process patient attribute in either group by comparing patient attribute with associated attribute stored In the database (col 9: lines 57-59; col 11: lines 18-20; Abstract, lines 1-16, shows that a patients/medical personnel can interact with the medical information (in this case, the specification of "biomedical" as a type of claim amounts to the recitation of non-functional data; the type of claim has no bearing on the invention as claimed, and thus carries no patentable weight, therefore, the examiner interprets the medical information as biomedical information) network via television set or video monitor, w/col. 9, lines 32-37, shows that the patient is allowed to access clinical data, w/Col. 10, lines 10-20, shows classification of users, also shows that patient record information can be retrieved and made available for viewing at the bedside through the PCS by physician so he can view the patient's symptoms, and enter in observations accordingly, w/col. 18, lines 32-36, shows that the electronic PCS are located at each patient's bedside and allows the patient to communicate with the nursing station server system, (therefore, patient has access to information at the PCS), w/Co1.15, lines 35-39, shows that personal messages are routed to the appropriate medical staff concerning electronic medical records from a master library of updated records, by way of unique one to one relationships established between the users pen and the PDA each time the PDA is loaded into its docking slot located at a nursing

station, its software clock is synchronized with the clock of the master library [represents the value stored in a database], w/col. 11, lines 12-27, shows health record information is accessed from the master library and modified with up-to-date medical diagnostic data by means of the PDA; here, the PCS interfaces with the PDA to register and track patient characteristics and transmits the results back to the master library, which is updated with medical diagnostic data, in this case, the PCS serves as the transducer since it facilitates the out-sourcing of health care, and the patient therefore has access to the diagnosis data since this data is stored in the master library and can be retrieved through the PCS). Ballantyne et al discloses this limitation in an analogous art for the purpose of showing that patient diagnosis data can be accessed in an electronic patient care station environment.

It would have been obvious to one of ordinary skill in the art at the time of the applicant's invention to incorporate biomedical expertise message for clinical diagnosis into an interactive digital television set-top apparatus with the motivation of allowing targeted messaging in a biomedical environment.

Alexander combined with Ballantyne et al does not expressly disclose that the sensor is for measuring or monitoring an organic material of the patient coupled to the sensor transducer that senses the organic material, such that the sensor transducer generates therefrom the personal biological sensor signal for enabling such patient to be diagnosed via the biomedical expertise message that is adapted to the personal biological sensor signal measurement or monitoring of the organic material as generated by the sensor transducer.

However, Peifer et al disclose that medical devices within the system can include blood pressure devices, thermometers, pulse oximetry devices, electrocardiograms (EKGs)... (col 6: lines 37-40) and the central monitoring station can then process the information to determine which patient caused the information to be sent, the type of diagnostic measurement comprised in the information, and the diagnostic measurement represented by the information. (col 3: lines 62-65)

Therefore, it would have been obvious to one having ordinary skill in the art at the time the invention was made to modify Alexander combined with Ballantyne et al to include monitoring a patient's organic material and using that information to cause a diagnoses of the patient. Alexander and Ballantyne et al would be motivated to combine to be able to better care for the patients and respond to patient's changing medical conditions as monitored by the medical devices.

As per claim 22, neither Alexander nor Ballantyne et al disclose that the sensor comprises a DNA or protein probe, whereby the promotion video stream comprises a tele-medicine application associated with sensed DNA or protein, but Alexander does disclose sensing viewer characteristics through a profile program which collects user profile data in col. 31 lines 9-14.

However, Peifer et al discloses:

The sensor comprises a DNA or protein probe, whereby the promotion video stream comprises a tele-medicine application associated with sensed DNA or protein, (Col. 3, lines 35-46, shows a telemedicine system that obtains medical measurement data from a patient and sends this information over a network such as a Community

Access Television (CATV) network, in this case, the sensed DNA or protein data is obvious with the telemedicine data since the telemedicine measurement includes medical measurement data, and sensed DNA or protein data is medical measurement data). Peifer et al discloses this limitation in an analogous art at the time of the applicant's invention to obtain medical measurement data from the patient, and to transmit these measurements over a television network.

It would have been obvious to one of ordinary skill in the art at the time of the applicant's invention to have a sensor to comprise a DNA or protein probe, whereby the promotion video stream comprises a tele-medicine application associated with sensed DNA or protein with the motivation of using tele-medical applications to target advertisements.

As per claim 25, neither Alexander nor Ballantyne et al disclose that the signal is generated by a DNA or protein probe, whereby the promotion video stream comprises a tele-medicine application associated with sensed DNA or protein, but Alexander does disclose sensing viewer characteristics through a profile program which collects user profile data in col. 31 lines 9-14.

However, Peifer et al discloses:

the signal is generated by a DNA or protein probe, whereby the promotion video stream comprises a tele-medicine application associated with sensed DNA or protein, (Col. 3, lines 35-46, shows a telemedicine system that obtains medical measurement data from a patient and sends this information over a network such as a Community Access Television (CATV) network, in this case, the sensed DNA or protein data is

obvious with the telemedicine data since the telemedicine measurement includes medical measurement data, and sensed DNA or protein data is medical measurement data). Peifer et al discloses this limitation in an analogous art at the time of the applicant's invention to obtain medical measurement data from the patient, and to transmit these measurements over a television network.

It would have been obvious to one of ordinary skill in the art at the time of the applicant's invention to have a sensor to comprise a DNA or protein probe, whereby the promotion video stream comprises a tele-medicine application associated with sensed DNA or protein with the motivation of using tele-medical applications to target advertisements.

5. Claims 23 and 26 are rejected under 35 U.S.C. 103(a) as being unpatentable over Alexander et al (US 6,177,931) in view of Ballantyne et al, (US 5,867,821), in further view of (US 5,987,519) to Peifer et al, and further in view of Hill et al (US 5,857,155).

As per claim 23, Ballantyne et al disclose that the patient can be tracked through the unique address ID of the bedside PCS and the uniqueness of the patient's health card. Therefore the system always knows the exact location of each patient at all times even if the patient is moved. (col 11: lines 2-7) However, none of Alexander, Ballantyne et al or Peifer et al expressly disclose the sensor comprises a GPS location device, whereby the promotion video stream comprises a vehicular or mobile application associated with sensed location, but Alexander does sensing viewer

characteristics through a profile program which collects user profile data in col. 31 lines 9-14.

However, Hill et al discloses:

the sensor comprises a GPS location device, whereby the promotion video stream comprises a vehicular or mobile application associated with sensed location, (Col. 2, lines 31-38, shows use of geographic information from a GPS satellite to enhance the efficiency and accuracy of targeted messaging). Hill et al discloses this limitation in an analogous art for the purpose of showing that targeted messaging can result from the input of geographic information.

It would have been obvious to one of ordinary skill in the art at the time of the applicant's invention for the sensor to comprise a GPS location device, whereby the promotion video stream comprises a vehicular or mobile application associated with sensed location with the motivation of using gps applications to target advertisements.

As per claim 26, that the patient can be tracked through the unique address ID of the bedside PCS and the uniqueness of the patient's health card. Therefore the system always knows the exact location of each patient at all times even if the patient is moved. (col 11: lines 2-7) However, none of Alexander, Ballantyne et al or Peifer et al disclose the signal is generated by a GPS location device, whereby the promotion video stream comprises a vehicular or mobile application associated with sensed location, but Alexander does sensing viewer characteristics through a profile program which collects user profile data in col. 31 lines 9-14.

However, Hill et al discloses:

the signal is generated by a GPS location device, whereby the promotion video stream comprises a vehicular or mobile application associated with sensed location, (Col. 2, lines 31-38, shows use of geographic information from a GPS satellite to enhance the efficiency and accuracy of targeted messaging). Hill et al discloses this limitation in an analogous art for the purpose of showing that targeted messaging can result from the input of geographic information.

It would have been obvious to one of ordinary skill in the art at the time of the applicant's invention for the sensor to comprise a GPS location device, whereby the promotion video stream comprises a vehicular or mobile application associated with sensed location with the motivation of using gps applications to target advertisements.

Conclusion

6. **Examiner's Note:** Examiner has cited particular columns and line numbers in the references as applied to the claims below for the convenience of the applicant. Although the specified citations are representative of the teachings in the art and are applied to the specific limitations within the individual claim, other passages and figures may apply as well. It is respectfully requested that the applicant, in preparing the responses, fully consider the references in entirety as potentially teaching all or part of the claimed invention, as well as the context of the passage as taught by the prior art or disclosed by the examiner.
7. **THIS ACTION IS MADE FINAL.** Applicant is reminded of the extension of time policy as set forth in 37 CFR 1.136(a).

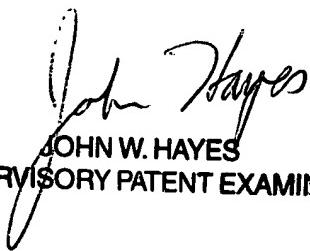
A shortened statutory period for reply to this final action is set to expire THREE MONTHS from the mailing date of this action. In the event a first reply is filed within TWO MONTHS of the mailing date of this final action and the advisory action is not mailed until after the end of the THREE-MONTH shortened statutory period, then the shortened statutory period will expire on the date the advisory action is mailed, and any extension fee pursuant to 37 CFR 1.136(a) will be calculated from the mailing date of the advisory action. In no event, however, will the statutory period for reply expire later than SIX MONTHS from the mailing date of this final action.

Any inquiry concerning this communication or earlier communications from the examiner should be directed to Rob Wu whose telephone number is (571)272-3136. The examiner can normally be reached on Mon-Fri 8-5.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, John Hayes can be reached on (571)272-6708. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://pair-direct.uspto.gov>. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a USPTO Customer Service Representative or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

RW



JOHN W. HAYES
SUPERVISORY PATENT EXAMINER